



Grayson County Center
 2415 South Austin Avenue, Suite 105
 Denison, TX 75020
 (903) 463-9997 fax (903) 463-3073

Cooke County Center
 900 North Grand Avenue, Suite 103
 Gainesville, TX 76240
 (940) 665-1121 fax (940) 668-2366

Fannin County Center
 1205 B East Sam Rayburn Drive
 Bonham, TX 75418
 (903) 583-9544 fax (903) 583-9518

Workforce Solutions Texoma is an equal opportunity employer/program.
 Auxiliary aids and services are available upon request to individuals with
 disabilities. Hearing impaired, please call 711.

Time and Attendance Record

****Work Experience Program****

- Instructions: Print in ink or type. Do not use white-out. To make corrections, mark a single line through the mistake. Make corrections. Then, both the supervisor and the employee must initial the corrections.
- Timesheets will be returned if: not signed, illegible, incomplete, not properly corrected or initialed, completed in pencil, white-out is used and/or have scribble marks.
 - Payment will be delayed until corrected timesheet is received.
 - **NO OVERTIME ALLOWED.** The worksite will be responsible for time over 40 hours in one week.

Employee Name: Sally White Employee SSN: ###-##-5555 Job Title: Sales Clerk
 Worksite: ABC Company Supervisor Name: Jane Smith Telephone: (903) 555-5555
 Pay Period Date From: 4 / 11 / 10 To: 4 / 24 / 10

	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
DATE	4/11	4/12	4/13	4/14	4/15	4/16	4/17	4/18	4/19	4/20	4/21	4/22	4/23	4/24
IN	8:00	8:00	8:15	8:00	S	8:00	S	S	10:00	8:00	8:00	8:00	8:00	
OUT	12:00	12:00	12:00	12:00		1:00			3:00	12:00	1:00	12:00	1:00	
IN	1:00	1:00	1:00	12:45	S	2:00	S	S	2:00	1:00	1:30	1:00	2:00	
OUT	5:00	5:00	5:00	5:00		5:00			6:00	5:30	6:00	5:00		
IN														
OUT														
IN														
OUT														

Workforce Solutions Texoma Use Only

Total														
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Check One: ISY OSY Adult DW TANF-Youth TANF-SNAP Other: _____ Pay Period Hours Total: _____

INCOMPLETE TIMESHEETS WILL NOT BE PAID

Sally White Employee Signature 4/27/10 Date
Jane Smith Supervisor Signature 4/27/10 Date
 _____ Career Specialist Signature _____ Date
 _____ WFT Manager Signature _____ Date

TWDB Use Only	Check #	Check Date	GL Code	Grant #	Initials